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2008 HAR 21 AM 10: 42 SECRETARY OF STATE

T. CLINE
MAR 2 4 2008
EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations
SUBJECT:	TNT PRICE STREET, LLC
	(Name of Limited Liability Company)
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Katherine Ann Schweikhardt, Esq. (Name of Person)
	The Schweikhardt Law Firm, Chartered
	(Firm/Company)
	900 Sixth Avenue South, Suite 203
	(Address)
	Naples, FL 34102
	(City/State and Zip Code)
For further information	n concerning this matter, please call:
	Ann Schweikhardt at (239) 262-2227
(Nar	r the following amount: (Area Code & Daytime Telephone Number) ARE CARE ARE AREA SAR 2
Enclosed is a check for	r the following amount:
■\$25.00 Filing Fee	r the following amount: \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TNT PRICE STREET, I (Name of the Limited Li (A Fl	LLC ability Company as it now appears o orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on <u>02/</u> 0)1/08	and assigned
Florida document numberL08000011970	······································		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company	," the designation "LL	.C" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	(Ente	r Florida street addr	ress)
		. Florida	
	(City)	-	(Zip Code)
N - B - t - 1 A - A - C - C	• • • • • • • • • • • • • • • • • • • •		
New Registered Agent's Signature, if changing Reg	istered Agent:	-	1 2
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and complete performance of red agent as provided for in Chap ristered office address, I hereby co ange.	my duties, and I an oter 608, F.S. Or, if onfirm that the limb	Amilia with and with and with a milia with a
	(If Changing Registered Agent,	Signature of New Reg	MERCED Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Tamara Esch	140 E. Hilo	X Add
		Naples, FL 34113	Remove
			Add
			Remove
	•		Add Remove
			Add Remove
			Add Remove
			AddRemove
D 10			
D. II an	NI / A	r change(s) here: (Attach additional sheets, if nec	essary.)
			ZOOR HA
5 0 . 1	March	2000	HAR 21 RETAR)
Dated	March,	2008	EE,FL
	•	member or authorized representative of a member	ANIO: 42 OF STATE E.FLORIDA
	Katherine Ann Schweil	khardt	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00